

EXHIBIT 4

CALCULATION OF UPCODING OVERBILLING

Assumptions

100 Medicare patients seen per week (¶ 53 of the complaint)
81% of Medicare patients upcoded (¶ 54 of the complaint)
Average number of one-on-one units billed Medicare patient/visit 4 (¶ 41)
Average amount billed Medicare for 4 units of one-on-one services \$118.68
(¶40)
Average amount billed Medicare for 1 unit of one-on-one services \$29.67 (¶41)

Amount that Medicare should have been billed in 2011 \$18.39
for group services (Exhibit 1, p. 6)

Amount of Overpayment per Medicare visit

Total Amount Fraudulently Charged by Drayer per Medicare visit = \$118.68
Total Amount Charged if grouped bill per Medicare visit = 18.39
Amount Overbilled per Medicare Visit = \$100.29

Amount Overbilled per Week

100 Medicare Visits per week x 81% visits overbilled x \$100.29 = **\$8,123.49**

Amount Overbilled per Year (based on 2011 figures)

\$8,123.49/week x 52 weeks = \$422,421.48

Amount Overbilled Since Bluffton Center Was Acquired by Drayer

6 years x \$400,000/year (estimate) = **\$2,400,000.00**